

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029177

Registration District No.

206

Primary Registration District No.

3042

Registrar's No.

88

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JUL 30 1963

1. PLACE OF DEATH

a. COUNTY Madison

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Fredricktown

Length of stay in lb  
5 days

c. CITY OR TOWN Farmington

Inside Limits  
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Madison Memorial Hospital

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS RFD # 1 (If outside, give location)

Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED  
(Type or print)

First Sidney

Middle E.

Last Cunio

4. DATE OF DEATH

Month July

Day 26

Year 1963

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3/19/1896

9. AGE (last birthday) 67

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired

10b. KIND OF BUSINESS OR INDUSTRY Merchant

11. BIRTHPLACE (City and state or country) Franklin Co., Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME

Elax Cunio

13b. MOTHER'S MAIDEN NAME

Etta Farrell

14. NAME OF HUSBAND OR WIFE

Essie F. Cunio

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give year or dates of service)  
Yes

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
Essie F. Cunio RFD # 1, Farmington, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hepatic Failure

INTERVAL BETWEEN ONSET AND DEATH  
2 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Carcinoma of the Pancreas

2 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
none

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-21-63 to 7-26-63 and last saw her alive on 7-25-63  
Death occurred at 3:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

CW Chastain MD

22b. ADDRESS

Farmington Mo

22c. DATE SIGNED

7-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7/28/63

23c. NAME OF CEMETERY OR CREMATORY

Lutheran Cemetery

23d. LOCATION (City, town, or county)

Farmington

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Miller Funeral Home Farmington, Mo.

25. DATE RECD. BY LOCAL REG.

7-27-1963

26. REGISTRAR'S SIGNATURE

Therence Dickert

AUG 2 1963

AUG 8 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Burl J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, Vt.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.